## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001246

FILED Apr 25, 2009 Secretary of State

Entity Name: CUBAN-AMERICAN ASSOCIATION OF PENSACOLA INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 662 WOODBINE RD 662 WOODBINE RD PENSACOLA, FL 325031485 PENSACOLA, FL 325033242 **Current Mailing Address: New Mailing Address:** P.O.BOX 30485 662 WOODBINE RD PENSACOLA, FL 325031485 PENSACOLA, FL 325033242 FEI Number: 65-1096356 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, ZEIDA 662 WOODBINE DRIVE PENSACOLA, FL 325033242 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WARD, ZEIDA M Name: Name: 662 WOODBINE DR. Address: Address: City-St-Zip: PENSACOLA, FL 325033242 City-St-Zip: Title: Title: () Delete () Change () Addition ZAYAS, JOSE Name: Name: Address: 5985 KEYSTONE DR. Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DEL TORO, JORGE NEYRA, JULIA Name: Name: 2821 INVERNESS CT. 2755 BAYVIEW WAY Address: Address: City-St-Zip: PENSACOLA, FL 32503 City-St-Zip: PENSACOLA, FL 32503 Title: ( ) Delete Title: (X) Change ( ) Addition FILLMORE, MAYRA Name: Name: FILLMORE, MAYRA Address: 2540 SOUTHERN OAK Address: 2540 SOUTHERN OAK City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: (X) Change ( ) Addition CUZAN, ALFRED CUZAN, ALFRED Name: Name: 4196 CAPRI DR 4196 CAPRI DR Address: Address: City-St-Zip: PRNSACOLA, FL 32504 City-St-Zip: PRNSACOLA, FL 32504 Title: () Delete Title: () Change () Addition MACHADO, SILVIA Name: Name: Address: 2305 MALYSA PL Address: PENSACOLA, FL 32504 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZEIDA WARD PRES 04/25/2009